FLORIDA ATLANTIC UNIVERSITY
ALCOHOL PROGRAM REGISTRATION FORM

UNIVERSITY DEPARTMENT/DIVISION SPONSORED EVENTS
Must be returned 15 days before the event for approval.

Date: ____________________________

Department/Division: ____________________________________________
Representative: ________________________________________________
Telephone: ______________________ Email: ______________________

Brief Description of Event: ______________________________________

Proposed Day, Date & Time of Event: ______________________________

Location of Event Requested:

Estimated Attendance: Persons: (Over 21) = ________ + (Under 21) = ________ =
______________________

Total Persons ________

Events over fifteen (15) persons must contact Food Service

Have you contacted Food Service? _____YES _____NO

ALCOHOLIC BEVERAGES BEING SERVED:

_____Beer _____Wine _____Other - ____________________________

I understand that my division/department is responsible for abiding by University Regulations and all applicable State Law concerning the consumption and service of alcoholic beverages.

Signature of Division/Department Representative __________________________ Office or Title __________________________ Date __________________________

Reviewed by Facility Manager or Designee __________________________ Date __________________________

Approved by Vice President for Finance or Vice President for Student Affairs (or Campus Vice President):

______________________________ __________________________ Date __________________________

Bldg and Room Reserved __________________________
Routing: Student Affairs ______ Police ______ Other __________________________